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Happiness as a Significant Predictor of Women's Marital Satisfaction

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Research Article

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Abstract

Introduction: Marital satisfaction promotes family and public health and its stability. Different factors may contribute to marital satisfaction. This study aimed to predict women's marital satisfaction based on their happiness.

Methods: This cross-sectional study was conducted in 2014 on 379 married women, with eligibility criteria, who referred to comprehensive healthcare centers in Shahroud, Iran. Sampling was done through cluster and simple random sampling. Data gathering tools were a researcher-made demographic questionnaire, the Oxford Happiness Index, and the ENRICH Marital Satisfaction Scale. Data were analyzed through the independent-sample t test, the one-way analysis of variance, Pearson correlation analysis, and the multiple linear regression models with the Stepwise method. P values lower than 0.05 were considered statistically significant.

Results: The mean scores of marital satisfaction and happiness were 164.68±28.33 and 45.11±14.40 respectively. In univariate analysis, women's marital satisfaction had significant relationships with their age, educational status, place of residence, economic status, having close friends, significant stressful life events during the past six months, and happiness, along with their husband's age, educational status, and employment status (all of them $p \leq 0.05$). In second step of analyses, happiness, marriage duration, serious stressful life events during the past six months, and husband's educational status were the significant predictors of marital satisfaction($F = 73.74$; $R2 = 0.497$; and $P < 0.001$). As the most significant predictor, happiness explained almost 43.8% of the total variance of marital satisfaction.

Conclusion: Public education programs on happy living and stress management are necessary to improve women's marital satisfaction.

Keywords: Happiness; Iran; Marital Satisfaction; Women's Health; Well-Being

Abbreviations: MS: Marital satisfaction; OHI: The Oxford Happiness Index.

Introduction

Marital satisfaction (MS) has been defined as "a subjective experience of one's own personal happiness and contentment in the marital relationship" [1]. MS is a key prerequisite for family stability [2], mental and physical health, and emotional stability [3]. MS brings security, welfare and improves people's perceptions of their abilities. Marital dissatisfaction can be a predictor of marital distress and divorce and their outcomes [4]. Previous studies on different populations in Iran reported wide ranges of MS rates from 33.7% among married women [5] to 64.4% among nurses [6] and 63.6% among female healthcare workers [7].

Another study also found that the mean score of MS among people in Yazd, Iran was not good [8].

MS is influenced by different factors such as age [4,6], educational status [5,7], self-concept [2], life satisfaction, job [6], duration of marriage [4,9,10], economic status [4], intimacy and marital commitment [4], stress management ability [11], anxiety, depression [4,6,11], sexual dysfunction, religious beliefs [4], and happiness [3].

Happiness is one of indicators of population mental health [12]. Happiness is understood as a subjective and emotional positive evaluation of one's' own life [13]. Different people have different levels of happiness. A study on Australian adults reported that the mean score of happiness was high on a standard scale [14]. A study at international level (2009) also reported that the rank of Iran among 69 countries in the world respecting happiness was 61 with a happiness mean score of 48.60 (on a 0–100 scale) [15], also it's lower in women compared with men [16,17]. A study done in Kashan showed that mean of happiness among women was significantly lower than that among men [17]; and in another research that was done in employed population in 35 European countries, women reported lower psychological well-being and more health problems than men [16]. Also in the other research in India it was found that male participants were happier than female ones [13].

Most previous studies in the area of happiness and MS evaluated the role of MS in happiness. For example, a study in Iran showed that MS explained 38% of the variance of happiness [18]. Another study in Iran also reported that marital adjustment accounted for 19% of the variance of psychological wellbeing [19]. Similarly, another study in Iran found MS as a significant predictor of happiness so that each 1 point increase in MS was associated with 0.545 point increase in happiness [20]. Two other studies also reported the significant contribution of MS to happiness [12,21]. However, only few studies have dealt with the effects of happiness on MS. For instance, in a qualitative study (2016) in Tehran, Iran, reported joyful dependence (romantic interaction) is a key component of MS [22]. Besides their paucity, studies in this area had some limitations. For example, one study (2014) was conducted only on the Isfahanian couples with marriage duration of ten years and at least one nine-year-old child [11]. Another study was done on depression and anxiety of people who involved in infertility treatment [23] or psychological well-being as influencing the quality of older couple's relationships [24]. Therefore, there is no conclusive evidence regarding the effects of happiness on MS.

Considering the importance of positive psychology (that happiness is one of the most important markers) in promoting the health of communities and increasing the level of happiness is more possible than increasing the marital satisfaction by the health system, this study was designed. The main objective of this study was to assess women's MS based on their happiness.-

Methodology

Kind of Study and Sampling

This cross-sectional study was conducted in 2014 on women in Shahroud, Iran. Eligibility criteria were basic literacy skills and living with husband. Excluding criteria was unwillingness to continue coopera
women and determined based on $n = \frac{Z^2_{1-\frac{\alpha}{2}}\delta^2}{d^2} n = \frac{Z^2_{1-\frac{\alpha}{2}}\delta^2}{d^2}$

(α: 0.05, z: 1.96, σ: 13.7, d: 0.1σ). 5 questionnaires were incomplete and omitted and finally 379 questionnaires analyzed [17].

Sampling was done through cluster and simple random sampling. Accordingly, Shahroud city was divided into several regions or clusters, based on its residents' socioeconomic status, and four comprehensive health care centers were randomly selected from the regions. Thereafter, based on the percentage of population covered by each center, the sample size of each center was determined and finally a proportionate random sample of women was selected from that center through simple random sampling. After explaining the aim of the study to the participants (by health center personnel that trained before by the corresponding author) and getting her written consent, they were asked to personally complete the data collection tools in health center.

Measures

Data gathering tools were a researcher-made demographic questionnaire, the Oxford Happiness Index, and the ENRICH Marital Satisfaction Scale. The demographic questionnaire items were on women's age, educational status, employment status, economic status, place of residence, recreational activities, significant stressful life events in the past six months, having close friends, and marriage duration, along with their husband's age, educational status, and employment status.

The Oxford Happiness Index (OHI) contains 29 items scored on a 0–3 four-point scale with a total score of 0–87 with no cut-off point (more score indicates more happiness). In Iran, the reliability of OHI with Cronbach's alpha of 0.92 and a six-week test-retest correlation coefficient of 0.73 for the index was estimated [25].

Martial satisfaction was assessed using the 47-item ENRICH Marital Satisfaction Scale. The five possible responses

to each item range from "Completely agree" to "Completely disagree", which are scored from 1 to 5, respectively. The total score of the scale is 47–235 (higher score indicates more marital satisfaction. Keramat, et al. have reported the validity of the questionnaire with alpha 0.91 [26].

Ethical Considerations

Written Informed consent was obtained based on the approval of SUMS, (Code Number:9/1/2014.9140). The aim of study, confidentiality of data, voluntarily and anonymity for participating in the study explained for all participants.

Data Analysis

Data were entered into the SPSS software (Version 16) and analyzed in two steps. In the first step, the relationship of MS with two-level categorical variables was tested using the independent-sample t tests, while its relationship with multi-level categorical variables was tested using the one-way analysis of variance test. The correlation of marital satisfaction with numerical variables was tested through the Pearson correlation analyses. Then in the second step, variables with a P value of less than 0.2 in the first step were entered into a multiple linear regression model with the Stepwise method in order to determine their effects on MS. The level of significance was set at less than 0.05.

Results

In this study 23.5% of participants were employed, 23.6% lived in rural areas, and 36.2% had good or very good economic status (Tables 1 & 2).

Variable (Categories)	N (%)	Marital satisfaction	P Value
Women's education			
basic literacy skills	8 (2.10)	135.88± 29.23	0.003✶
primary school	89(23.5)	160.56±27.11	
High school	145(38.3)	162.18±27.36	
College education	137(36.1)	171.69±38.31	
Husband's education			
Primary school	45 (11.9)	149.49±24.57	0.001✶
Secondary	62 (16.40)	159.11±27.06	
High school	144 (38.00)	164.43±27.147	
University	128 (33.80)	173.00±28.824	
Women's job			
Housekeeper	290 (76.5)	165.66±28.053	0.19✶
Household jobs	7 (1.80)	156.86±20.43	
Outdoor jobs	82 (21.6)	161.88±29.82	
Husband's job			
Employee	112 (29.6)	165.27±27.21	**0.001✶**
Worker	82 (21.6)	155.23±28.99	
Teacher	12 (3.20)	179.58±21.10	
Retired	6 (1.60)	146.00±18.54	
Self-employed	167(44.1)	168.53±28.18	
place of residence			
City	278 (73.40)	166.68±27.85	0.01✶✶
Village	101(26.6)	159.18±29.03	

Economic status			
Very undesirable	7 (1.80)	130.86±38.89	**0.001✶**
undesirable	18 (4.70)	147.89±30.32	
Mid	213 (56.20)	162.12±27.12	
desirable	128 (33.80)	171.24±26.44	
Very desirable	13 (3.40)	183.46±27.80	
Extracurricular activities			
No	240 (63.30)	163.72±28.914	**0.20✶**
1 activity	129(34.10)	166.44±27.08	
2 or more activity	10(3.60)	165.10±31.58	
Close friend			
No	73 (19.30)	159.34±28.63	**0.027✶**
≤5	260(68.6)	164.59±27.69	
>5	46(12.1)	173.65±29.78	
serious stressful life events during the past six months			
No	278 (73.40)	168.29±26.49	**0.001✶**
Death of relatives (closed or others)	54 (14.20)	155.96±26.76	
Serious sickness of closed family members	20 (5.30)	168.65±25.48	
Two stresses simultaneously	27(7.1)	142.00±37.53	

Table 1: Marital satisfaction Score Based on Demographic Characteristics and Personal Factors among participants.
✶: ANOVA
✶✶: T Test

Variable (Categories)	r	Marital satisfaction	P Value
Women's age(correlation)	-0.176	33.51±8.40	**0.001**
Husband's age	-0.211	38.24±9.07	**0.001**
Duration of marriage	-0.226	12.46±9.18	**0.01**
happiness	0.662	45.11±14.40	**0.001**

Table 2: Correlation between marital satisfaction score and demographic characteristics and personal factors among participants.

The mean scores of participants' MS and happiness were 164.68±28.33 and 45.11±14.40, with ranges of 76–235 and 12–80, respectively. Statistical analyses showed that women's MS had significant relationships with their age, educational status, place of residence, economic status, having close friends, serious stressful life events during the past six months, and happiness, along with their husbands' age, educational status, and employment status. By adjusting the confounding effects of other variables, the multiple linear regression revealed that happiness, marriage duration, serious stressful life events during the past six months, and husband's educational status had significant effects on MS (F =73.74; and P<0.001). This four-factor model explained almost 50% of the total variance of MS (R^2=0.497). The most significant factor behind MS was happiness, which accounted for 43.8% of its total variance (Table 3).

Predictive variables	Non-standardized coefficient		Standardized coefficient		Confidence interval			Sig
	R Square	B coefficient	Standard error	Beta	t	lower	upper	
(Constant)		117.955	5.813		20.291	106.525	129.386	0
Happiness	0.438	1.216	0.075	0.618	16.32	1.07	1.363	0
Duration of marriage	0.042	-0.459	0.121	-0.149	-3.787	-0.697	-0.221	0
Husband's education	0.008	1.508	0.701	0.085	2.15	0.129	2.887	0.032
Serious stress during the past six months	0.009	-1.604	0.666	-0.09	-2.41	-2.912	-0.295	0.016
F=73.74	R Square =0.497	Adjusted R Square=0.49					*P<0/001	

Table 3: Stepwise Multiple Linear Regression Analysis of Predictive Independent Variables of Married Women's marital satisfaction.

Discussion

This study aimed to predict married women's MS based on their happiness. In overall, our participants had fairly good MS. The results of studies by Ziaee, et al. Amiri, et al. and Azimian, et al. were in line with our findings [6,7,27]. However, in some studies, Heshmati, et al. Yoshany, et al. Abbas, et al. and Lee, et al. findings were different or inconsistent with this study [5,8,28,29]. These discrepancies among the studies respecting MS level can be due to the differences in the tools used for MS measurement and also the differences in the employment and educational status, immigration situation, income, place of residence, and the ethnicity of the participants of the studies.

Findings also showed that participants' MS had significant relationships with several factors. However, only happiness, marriage duration, serious stressful life events in the past six months, and husband's educational status had significant effects on MS, with happiness as the most significant factor. In other words, happiness explained 43.8% of the total variance of MS. The results of study by Nasiri, et al. also illustrated that the best predictors of MS were general mood and stress management, so that general mood explained 34% of the total variance of MS [11]. Similarly, a study found that women's happiness significantly contributed to their own and their husbands' MS and marital quality [3]. Another study reported joyful dependence as an important factor behind MS [22]. Moreover, the quality of marital relationship was found to have negative correlation with negative emotions and positive correlation with life satisfaction and positive emotions [30]. Negative emotions, such as verbal aggression, reduce MS and marital quality. Moreover, women's and their husbands' negative feelings and behaviors are the significant predictors of women's MS [3]. It's noticeable that positive and negative emotions, despite of different culture and context, are effective on MS of women and people do better in positive emotions [31].

Marriage duration was another significant predictor of MS in the present study, so that its increase was associated with decrease in MS. Previous studies reported contradictory results respecting the relationship of marriage duration and MS. For instance, two studies reported that marriage duration was not a significant predictor of MS [7,32]. However, another study in Iran revealed that MS has a U-shaped curve. In other words, it is at its highest level after marriage, but considerably reduces during the first ten years after marriage and then, considerably increases from the tenth to the fifteenth post-marriage years to reach almost its initial level. The second considerable decrease in MS starts 23–25 years after marriage [9,10]. A review study also revealed that women with marriage duration of less than fifteen years had the greatest sexual satisfaction [33]. MS fluctuates during married life and significantly affects marital relationships as well as the physical and mental health of family members. Most people have high levels of MS at the onset of their married lives; however, besides the gradual decrease of MS over time, they may experience serious problems and conflicts during the first weeks and months after marriage which if remained unresolved, can negatively affect MS and family stability. Marital conflicts significantly affect marital quality both in short- and long-term marriages [9]. Gradual decrease in MS over time may be due to factors such as increasing number of children, role conflicts, time limitations, inability to manage new conditions [10], and children's separation from family [9].

Our findings also indicated greater MS among women whose husbands had higher educational status. Another study in Iran also reported the same finding [5]. Similarities between couples' regarding their educational status and university majors can help them better understand each other, more effectively communicate with each other, and more simply reach agreements. Of course, positive correlation between educational status and MS does not necessarily mean that illiterate couples have very low MS or severe marital conflicts, because these variables are interpreted based on couples' epistemic and intellectual backgrounds [4]. It seems that couples with higher educational status have greater expectations of MS, which if remained unfulfilled may negatively affect MS [33].

The other predictor of MS in this study was serious stressful life events during the past six months. One study reported that women with low scores of marital satisfaction reported high psychological distress [34]. Consistently, another study in Iran showed that stress management was a significant predictor of MS [11]. A review study on 24 studies also confirmed the negative effects of different types of stress on the quality of marital and sexual relationships. Moreover, that study reported that chronic daily stress is associated with lower self-disclosure, poorer communications, ineffective coping, and poorer outcomes for marital partners, and greater risks for physical and mental health problems, alienation, and divorce [35]. Given the significant effects of happiness on MS, educational programs on life skills (such as effective communication) and recreational programs can be held for couples in order to elevate their level of happiness and thereby, improve their MS. Couples with greater happiness are more likely to experience positive emotions, consider problems as positive phenomena, manage problems through effective communication, and thereby, feel greater MS [2,3,22]. Limitation of the study was study sample only consisted of women. Conducting the study on both women and their husbands could result in different findings. In addition, some participants might have avoided providing precise answers to items on sensitive issues such as their sexual relationships.

Conclusions

As conclusion, Women's greater happiness is associated with their greater MS. Therefore, mental and public health authorities need to develop programs and interventions to inform and educate couples about the effects of this factor on their MS. Moreover, public education programs on happy living and continuing through childhood, adolescence, youth and after marriage are necessary in order to reduce couples' marital conflicts, improve their MS, and promote their family stability.

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